



EMPLOYMENT APPLICATION
CITY OF FORT SMITH HUMAN RESOURCES DEPARTMENT
PO BOX 1908
FORT SMITH, AR 72902
PHONE 479-784-2221 (Human Resources)

INSTRUCTIONS: Please print. Applicants must complete all the blanks accurately and completely. Neatness and legibility are important. Questions may be directed to the Human Resources Department at the above address and telephone number.

The City of Fort Smith is an Equal Opportunity Employer

In accordance with the civil rights Acts of 1964 and 1991, as amended, the Age Discrimination in Employment Act, and the Americans with Disabilities Act, the City of Fort Smith prohibits discrimination in employment because of race, color, sex, religion, national origin, age or disability, or status as a Vietnam-era or special disabled veteran.

Job Title you are applying for: _____ Date Able To Start Work: _____

Name _____
(first) (middle) (last)

Address: _____
(number) (street) (apt.#) (city) (state) (zip)

Phone Number: _____
(home) (cell)

Check All Types Of Work You Will Accept: ___Day Work ___Evening ___Full-time ___Part-time

Circle Your Highest Education Level: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+

(Copies of diplomas and/or transcripts may be requested.)

| Are you a high school graduate? Yes____ No____ or GED? Yes____ No____ | HIGH SCHOOL, COLLEGE, Business, Technical Schools Attended | City | State | Diploma / Degree | |
|--|---|------|-------|------------------|------|
| | | | | Type | Year |
| | | | | | |
| | | | | | |
| | | | | | |

| | Yes | No |
|--|-----|----|
| 1. If hired, can you show proof that you are legally eligible to work in the United States? In compliance with the Immigration Reform and Control Act of 1986, the City of Fort Smith requires that the identity and employment eligibility of all new employees be verified through completion of INS Form I-9. | | |
| 2. Have you ever been fired or asked to resign from a job? If "yes," explain. | | |
| 3. Have you ever pled guilty or been convicted of a crime in a civilian or military court? (This does not include Class "C" misdemeanor traffic violations which are more than three (3) years old.) If yes, please explain. If you have successfully completed a deferred adjudication or other probated sentence related to that crime, provide the date of completion and location of the court/agency administering the adjudication or probation. | | |
| 4. At the time of making this application, are you under felony indictment or charged with a misdemeanor criminal violation? If the answer is "yes", please describe the charge(s). | | |
| 5. Have you ever had your driver's license suspended or revoked? If "yes", explain. | | |
| 6. Are you now working or have you ever worked for the City of Fort Smith? If "yes", explain. | | |
| 7. Do you have any relatives, by blood or by marriage, working for or holding office for the City of Fort Smith? If "yes", explain. | | |
| Failure to answer the above questions truthfully may result in immediate dismissal. Answers of "yes" to questions #2-7 will not necessarily disqualify you from employment. Your case will be considered in relationship to the requirements of the job for which you are applying. | | |
| Special Qualifications and Skills: _____ CDL License _____ Class _____ | | |

Special Qualifications and Skills: List qualifications and skills you possess which are required for the job described in the official job announcement, such as driver's license (give type and number), typing and/or shorthand proficiency (give speeds), ability to operate specialized machinery or equipment, or professional registration or licensing (give type of registration or licensing number, and expiration date). Indicate any training you have had which is directly related to the job.

Experience: Start with your present or most recent job. Include military service. Use additional sheets, if necessary, to show all relevant experience.

| | | | | |
|---|---------------|--------------------|-------------------|------------------|
| Employer's Name | | Street Address | | Type of Business |
| | | City | State & Zip | |
| Dates Employed | | Your Title | Supervisor's Name | |
| From | To | | Phone # | |
| Starting Salary | Ending Salary | Reason for Leaving | | |
| Description of Duties, Responsibilities and Accomplishments | | | | |

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| Description of Duties, Responsibilities and Accomplishments | | | | |

May the City of Fort Smith contact your present employer regarding your job-related employment record? Yes ____ No ____

| References: | | | |
|-------------|---------|-------|-------------|
| Name | Address | Phone | Years Known |
| | | | |
| | | | |
| | | | |

READ THE FOLLOWING CAREFULLY:

I hereby certify the above information is complete and accurate to the best of my knowledge and belief. I agree that my employment is based on the facts that I have given and any misrepresentation on my part will constitute a release to the employer for any liability that he or she may encumber by having acted on such facts, and also constitutes grounds for my dismissal. I hereby authorize the City of Fort Smith to investigate the facts claimed by me.

I also understand that the City of Fort Smith is an "employment-at-will" employer and that the acceptance of an offer of employment does not creates a contractual obligation upon the City of Fort Smith to continue to employ me in the future.

Date

Usual Signature of Applicant